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ABSTRACT

The psychological construct of narcissism and the diagnostic label Narcissistic Personality Disorder (NPD) have gained considerable attention in the literature in recent years, leading to the addition of the diagnostic category for NPD in the Diagnostic Statistical Manual of Mental Disorders (DSM III) (1980). The DSM III diagnostic criteria, although not based on empirical studies, have provided a means for more reliable diagnosis among clinicians, and for furthering empirical validation of the construct. Studies have been conducted using a number of assessment instruments, including both objective and projective tests. The Narcissistic Personality Inventory (Raskin and Hall, 1979) is based on DSM III criteria, and has provided a very useful measure for empirical research. Although many questions remain unanswered, the findings do support the view that narcissism is a multidimensional construct rather than a single trait; that narcissism is ubiquitous and only becomes pathological when existing in greater than normal degrees; and that different forms of narcissism may exist depending on whether it results from deprivation or overvaluation. (Author/NB)

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NARCISSISM: ISSUES OF DEFINITION, ASSESSMENT, AND DIAGNOSIS

Doctoral Research Paper
for the Degree of Doctor of Psychology

ROSEMEAD SCHOOL OF PSYCHOLOGY

BIOLA UNIVERSITY

MATTHEW D. COMRIE

1986

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NARCISSISM: ISSUES OF DEFINITION, ASSESSMENT, AND DIAGNOSIS

BY

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A doctoral research paper submitted to
Rosemead School of Psychology
in partial fulfillment of the requirements
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La Mirada, California

1986

NARCISSISM: ISSUES OF DEFINITION,
ASSESSMENT, AND DIAGNOSIS

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ABSTRACT

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The psychological construct of narcissism and the diagnostic label Narcissistic Personality Disorder have gained considerable attention in the literature in recent years, leading to the addition of the diagnostic category for NPD in the DSM III (1980). The DSM III diagnostic criteria, although not based on empirical studies, have provided a means for more reliable diagnosis among clinicians, and for furthering empirical validation of the construct. Studies utilizing a number of assessment instruments have been conducted including both objective and projective tests. The Narcissistic Personality Inventory (Raskin and Hall, 1979) is based on DSM III criteria, and has provided a very useful measure for empirical research. Although many questions remain unanswered, the findings do support the view that narcissism is a multidimensional construct rather than a single trait; that narcissism is ubiquitous and only becomes pathological when existing in greater than normal degrees; and that different forms may exist depending upon whether it results from deprivation or overvaluation.

Narcissism: Issues of Definition, Assessment, and Diagnosis

The concept of narcissism and the diagnostic label Narcissistic Personality Disorder (NPD) have been used and discussed with increasing frequency in recent years. However, there remain widely divergent theoretical and operational conceptualizations of narcissism. These differences have important implications for the definition and treatment of narcissism and NPD. There is, therefore, a need for more conceptual clarity among theorists and clinicians, and for definitive empirical research in the areas of assessment and diagnosis as well as treatment.

The growing body of theoretical literature on narcissism in the past 20 to 30 years has led to the inclusion of the diagnostic category NPD in the Diagnostic and Statistical Manual of Mental Disorders (1980). The behavioral description of NPD in the DSM III is the result of the input from clinicians and professionals from several theoretical orientations. They attempted to present a comprehensive description of the syndrome, while avoiding their discrepant etiological theories and treatment biases. The diagnostic criteria set forth in the DSM III were not based upon experimental data and lack empirical support. They do provide a significant conceptual step toward providing reliable and valid indices for identifying major clinical syndromes such as NPD (Millon, 1983). However,

differential diagnosis of the various personality disorders remains a difficult problem for clinicians. In addition, the need for tools of assessment of NPD has been recognized by several clinical researchers who have conducted a number of studies in an attempt to both develop new assessment instruments, and to define expected response sets for NPD on already existing instruments, both objective and projective.

A central problem that exists in this area of research is that the definition of narcissism has not been clearly established, and there exists a good deal of disagreement between the proponents of the various theoretical orientations as to an operational definition. Perhaps the greatest disagreements exist within the psychoanalytic arena, with theoretical dividing lines occurring between major psychoanalytic theorists such as Heinz Kohut and Otto Kernberg. Another major problem exists due to the seeming inability of theorists to differentiate between "normal" and "pathological" narcissism. Also occurring is the problem of whether narcissism can be seen as a single trait that exists on a continuum with greater than normal degrees existing in NPD, or whether the narcissism of the NPD is qualitatively different than that of non-NPDs. This is a very pertinent issue since narcissism as a trait can be seen in most forms of psychopathology. Another related issue is the problem of whether narcissism can be viewed as a single trait with several defining characteristics, or whether it should be

seen as a combination of related traits.

The purpose of this review is to present the foundational historical and theoretical underpinnings of the concept of "narcissism," to review recent psychometric attempts to assess narcissism, to critique and evaluate these measures in light of theoretical and methodological implications, and to suggest areas for further investigation needed for clarification of the definition, assessment, and diagnosis of narcissism and NPD.

Historical and Theoretical Perspective

The Myth

The concept of narcissism finds its roots in mythology with the story of Narcissus a youth so beautiful that many maidens fell in love with him on sight. Narcissus was cold and hard hearted however, and rejected all potential love objects. One rejected suitor prayed that Narcissus might love and be rejected. The prayer was heard by the god Nemesis who led Narcissus to a pool to drink. Upon leaning down to drink, Narcissus saw his reflection in the water and fell in love with his own image. He so loved his reflection that he attempted to capture it in the water. As he reached for his loved object it fled only to return again. He found no release and died gazing at his image in the water (Stuart, 1956, cited in Budd, 1985).

The character of Narcissus holds a strong resemblance to much of what is conceptualized as narcissism in modern

psychology. Narcissus demonstrated characteristics such as: a lack of empathy, a grandiose sense of self importance, a preoccupation with his own beauty, a desire for perfect mirroring from his love object, and an inability to internalize other objects.

Psychoanalytic Theory

Early theoretical definitions of narcissism include those of Nacke (1899) who viewed it as the perversion of being preoccupied with one's own body in a manner usually reserved for a member of the opposite sex, and Sadger (1908) who viewed it as homosexuality (cited in Budd, 1985). In 1911 Freud conceived of narcissism as a developmental stage of the libido passed through on the way from autoeroticism to object love. Most of Freud's ideas on narcissism were developed prior to his structural hypothesis and theory of aggression, and were viewed within the dual-instinct theory of libido. Freud saw narcissism as ubiquitous and existing in normal human psychosexual development. He also conceived of narcissistic fixations as being at the root of homosexuality and fetishes, and coined the term "narcissistic neurosis" to describe patients who today would be considered borderline or psychotic. He considered such symptoms as megalomania and hypochondriasis to be narcissistic fixations of libidinal cathexis (Rothstein, 1979). Freud contributed to contemporary views on narcissism by: tracing its developmental course, pointing

out the ubiquitous nature of narcissism, conceptualizing normal and pathological variations of narcissism, using transference as a means of diagnosing narcissism, and alluding to a narcissistic character type (Budd, 1985).

Many of Freud's contemporaries added to and altered his original conceptions of narcissism. Karen Horney (1939) emphasized social aspects of narcissism and viewed it as essentially self-inflation and loving oneself for attributes that do not really exist. Fenichel (1945) stated that narcissism is related to schizophrenia and results in loss of one's objects, loss of reality, and ego disintegration. He also clarified Freud's view of primary and secondary narcissism; primary narcissism being the result of a failure to attach to an object, and secondary narcissism being the withdrawal of libido from the object once attachment has occurred. The importance of this distinction is found in the way object love is manifested in interpersonal relationships. An individual fixated at primary narcissism will manifest self-love instead of object love, and will find any attachment difficult. Those who manifest secondary narcissism will be able to form attachments, but self-love will overshadow object love and the attachments will be manipulative and very self-serving (cited in Budd, 1985).

The term narcissism in psychoanalytic thought has gradually moved from an emphasis on aberrations of sexual self focus to almost any concentration of psychological

interest upon the self. The use of the term narcissism has been broadened to encompass such a wide array of phenomena of self-interest on so many levels of abstraction, that a great deal of confusion now exists (Pulver, 1970).

Object relations theorists have built on the concepts of the ego psychologists and neo-Freudians, and emphasize the interpersonal manifestations of narcissism which are viewed as resulting from the archaic intrapsychic object representations of the individual. They have placed a great deal of emphasis on the defensive quality of narcissism as a means of coping with the intrapsychic pain and deprivation that these individuals experience. Annie Reich (1960) emphasized that non-psychotics manifest pathological narcissism as a means of coping with intense feelings of inferiority. Their narcissistic self-inflation is seen as an infantile compensatory process (cited in Akhtar and Thomson, 1982). Hartmann (1950) contributed to a functional understanding of narcissism with his conceptual distinction between the ego (a structural mental system), the self (the whole of an individual including the body and psychic organization), and the self-representation (the conscious, unconscious, and preconscious mental representations of the self in the system ego). Jacobson (1964) added to Hartmann's contribution by theorizing that narcissism does not result from the libidinal cathexis of the ego, but of the self-representation. Thus we see a shift in the arena

of narcissistic activity from the ego to the self-representation, while retaining the libidinal drive concept (cited in Stolorow, 1975).

In 1967 Kernberg presented a coherent clinical picture of the narcissistic personality and, in 1968, Kohut coined the term "narcissistic personality disorder." Since this time, Kohut and Kernberg have been the major psychoanalytic theoreticians examining the concept of narcissistic personality disorder (Akhtar & Thomson, 1982). Both have conceptualized NPD as a unique clinical syndrome distinguishable from other forms of psychopathology which may also manifest various narcissistic qualities. Kernberg offers clinical descriptions and characteristics of NPD and bases diagnosis on readily observable behavior. He describes these individuals as having excessive self-absorption, intense ambition, grandiose fantasies, over-dependence on acclaim and an unremitting need to search for brilliance, power, and beauty. They are likely to manifest an inability to love, a lack of empathy, chronic feelings of boredom, emptiness, and uncertainty about identity, and exploitation of others. He also emphasizes the presence of intense envy with devaluation of others, with fantasies of omnipotent control and social withdrawal as defenses against envy. They commonly exhibit sexual promiscuity, homosexuality, perversions and substance abuse. Unlike Kohut, Kernberg differentiates between normal and

pathological narcissism. Pathological narcissism constitutes the libidinal investment in the pathological self structure or grandiose self, not the libidinal investment in the self as opposed to objects.

Kernberg offers a developmental explanation for NPD. He theorizes that the individual as a child experienced emotional deprivation from a chronically cold and unempathic mother. In response to this the child becomes rageful and projects this rage onto his parents leading him or her to view them as even more depriving and sadistic. The child feels unloved and unlovable; the only defense is to take refuge in some aspect of the self leading to the formation of the "grandiose self." The grandiose self is a term coined by Kohut but used by Kernberg in a conceptually different manner. Kernberg defines it as the fusion of three intrapsychic structures including the child's admired aspects of the self, a compensatory fantasied version of the self, and a fantasied image of a loving mother. The unacceptable image of the hungry infant is split off from the main functioning self. In the development of his theory, Kernberg selectively integrates concepts from a number of contemporary object relations theorists including: Klein, Fairbairn, Guntrip, Rosenfeld, and Khan from the British school and Mahler, Jacobson, and van der Waals from the American school (Akhtar & Thomson, 1982).

Self Psychology

Kohut published his first major work on narcissism in 1971, The Analysis of the Self, and as a result of this and his subsequent writings, a separate school of psychoanalytic thought was formed, that of "self psychology". His theory represents a radical departure from the mainstream of psychoanalytic thought, and therefore, is rejected by much of the psychoanalytic community. Kohut articulates his developmental theory and psychoanalytic technique based on his many years of treating narcissistic patients. He rejects the idea that NPD can be diagnosed or defined as a disease entity consisting of a cluster of manifest symptoms, and focuses on metapsychology and therapeutic issues rather than the phenomenology of the disorder. He holds that the crucial diagnostic criteria are based on the nature of the spontaneously developing transference during psychoanalysis. This transference can take on several forms or a combination thereof including: the mirroring transference, the idealizing transference and the twinship transference, depending on the nature of the compensatory structures of the self.

Kohut concurs with Kernberg in his formulation that NPD results from developmental deficits and failures of the parents to be empathic in their treatment of the child. The child's inherent grandiosity will remain untamed if the mother's confirming or mirroring responses are deficient.

The child's natural propensity to idealize the parents in order to draw strength from them will persist if he or she is not given opportunity to internalize the "idealized parent imago." This failure can occur either through radical disappointments in the parents, or the child never being allowed to gradually experience their real limitations. The grandiose self may exist side by side with a tendency to idealize others and, thereby, draw strength from them. Kohut's major areas of disparity from the mainstream of psychoanalytic thought include his proposal of a separate narcissistic libido that develops independently from the object libido, and his rejection of the role of primitive instinctual drives, particularly aggression, in the development of character pathology (Kohut, 1977).

The theoretical differences between Kohut and Kernberg substantially influence their suggested therapeutic techniques and clinical formulations about how NPD is defined and diagnosed. Kohut recommends a highly empathic approach to treatment in which the patient is allowed his or her grandiose or idealizing transference manifestations. The therapist then empathically explains the realistic limitations of the patient and himself or herself based on the genetic determinants. The purpose is to complete the arrested developmental tasks thus leading to a more cohesive sense of self and realistic self esteem. Kernberg highlights the coexisting themes of grandiosity and

inferiority and views the grandiosity as purely pathological rather than an arrest in normal development. He emphasizes interpreting the grandiose self as a defensive maneuver, and the exploration of the split off hungry-infant with its associated rage and depression, with the purpose of mending the fragmented or split self-representations. Kernberg ascribes to the dual instinct theory of psychoanalysis, and describes the anger and aggression of the NPD as primitive oral rage which is an important inciting agent in the formation of NPD (Akhtar & Thomson, 1982).

Arnold Rothstein (1979) suggests that much of the disparity between the theories of Kohut and Kernberg is due to the possibility that they are, in fact, describing two distinct groups of patients. On a structural level, Kernberg conceives of his NPD patients as suffering from a "fusion" of self and object representations, while Kohut describes patients with a more differentiated structural representation. Kohut views his patients as having cohesive self and object representations, thus making them analyzable and distinctly different from more primitive borderline and psychotic organizations which, to him, are not analyzable. Kernberg, on the other hand, conceives of NPDs as fundamentally borderline personalities, but distinguishes them on the basis of the presence of the grandiose self. Rothstein criticizes Kohut's conception that diagnosis be based on the spontaneously developing transference in

therapy since narcissism has an ubiquitous nature and elements of narcissistic transferences can occur with neurotics and psychotics as well as character disorders. He also criticizes Kernberg's conception that the pathology of all NPDs results from a fused infrastructure similar to, and within the realm of, the borderline personality organization. He proposes a need for a behavioral definition of the narcissistic personality disorder, and a complementary psychoanalytic classification of narcissism as an element of the ego, whether normal or pathological.

Kohut's approach to diagnosis is likely to lead to the inclusion of a much broader spectrum of patients who evidence elements of narcissism in the transference, conceivably ranging from neurotics to psychotics. He gives no attention to a differentiation between normal and pathological narcissism thus adding to the diagnostic confusion. His work therefore, is much better suited to and helpful in the arena of therapeutic technique than diagnostics. Kernberg, on the other hand, is much more descriptive of symptomatology and behavior and, therefore, more helpful in the arena of diagnostics. It is interesting to note that Kernberg views the prognosis of the NPD in treatment as very guarded, while Kohut is very optimistic about treatment potential. The difference here may lie primarily in the differing groups of patients they are likely to be treating and labeling as NPD, but it also may

be an indication of their substantially different approaches to treatment. It seems logical that if narcissism and NPD result from empathic failures of the parents as described by both theorists, that a highly empathic approach to treatment attempting to allow the patient to experience infantile needs in the transference relationship, would be more helpful than a highly confrontive approach that actually may approximate the original damaging deprivations of the parents.

Social Learning Theory

Theodore Millon (1981) views narcissism from the viewpoint of social learning theory, and criticizes psychoanalytic mental health professionals for making NPD into "a diagnostic fad." He supports the legitimacy of the inclusion of NPD in the DSM III, and emphasizes that this diagnostic category is the result of biosocial and learning theories, as well as psychoanalytic theories. He therefore states, "its viability is more solidly rooted than its current fadistic character might suggest (p. 158)." In contrast to psychoanalytic writers, Millon holds NPD to be the result of the unrealistic overvaluation of the child's worth by the parents, thus creating an inflated sense of self-esteem that cannot be supported by the environment. As a result of their inability to live up to their inflated self-image, narcissists exhibit a variety of behaviors in response to their environment fundamentally consistent with

DSM III criteria. Millon interprets narcissistic behavior in a very straightforward manner, and seems to rely for his formulations on the dimension of the grandiose self, as termed by psychoanalytic writers. He states that narcissists suffer few conflicts as children and have been indulged with excessive encouragement and high expectations. He therefore, does not view it as a defensive maneuver existing in reaction to deprivations and low self-esteem. According to Millon, narcissists were led to believe by their parents that no matter what they did they were invariably lovable and perfect. He supports his theory with the observation that a high preponderance of narcissists exist among only children.

Millon makes the contradictory assertion that, "such an idyllic existence cannot long endure; the world beyond home will not be so benign and accepting (p. 167)." The "world beyond home" begins for most children at a very young age, and therefore, it seems logical that the process of socialization would have a profound impact on the young child whether overindulged and self-inflated or not. Those children with unrealistically high expectations will find a rude awakening and will likely be given disconfirming feedback from their peers and teachers, etc. They will be forced to make a drastic and more realistic reappraisal of themselves in order to exist in the world. Narcissistic attitudes and behaviors in overindulged children would

undoubtedly be extinguished when no longer socially reinforced. Millon's theoretical formulations break down due to his failure to recognize the intrapsychic and defensive aspects of the development of NPD. Probably the major area of disparity between Millon and the psychoanalytic theorists lies in their developmental formulations, thus leading them to an opposite conclusion about the nature of the narcissist's self-esteem and character structure. Here we see major disparities in the definition and theorized etiology of NPD between prominent psychological theorists. These theoretical disparities have little effect on diagnostics, however, because a compatible behavioral description can be drawn from these opposing viewpoints. This can be seen in the DSM III's description of the narcissistic personality.

From the previous discussion, it is apparent that a good deal of confusion and disparity exists regarding the definition and etiology of the phenomena of narcissism in personality structure. There does, however, seem to be a measure of agreement and consistency in the arenas of assessment and diagnosis. The remaining sections will summarize the attempts that have been made to assess narcissism and NPD psychometrically, thus leading to further progress toward reliable and valid diagnostic strategies as well as further questions regarding definition.

Research in Diagnostics and Assessment

The DSM III

The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (1980) is considered by most mental health professionals to be the primary authority available for diagnostics. It represents the combined efforts of mental health professionals from a variety of theoretical orientations and disciplines. The DSM III provides probably the most comprehensive yet clear and concise functional description available of the narcissistic personality disorder. The diagnostic criteria for NPD are stated to be "characteristic of the individual's current and long-term functioning, are not limited to episodes of illness, and cause either significant impairment in social or occupational functioning or subjective distress" (p. 317). The DSM III gives eight diagnostic criteria: (1) grandiose sense of one's self-importance; (2) preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love; (3) exhibitionism; (4) responds to criticism, indifference, or defeat either with cool indifference or with marked feelings of rage, inferiority, shame, humiliation, or emptiness; (5) entitlement, expecting special favors without assuming reciprocal responsibilities; (6) interpersonal exploitiveness; (7) relationships vacillate between the extremes of overidealization and devaluation; and (8) lack

of empathy.

It goes on to define additional features that are likely to be present. The exaggerated sense of self-importance may be manifested as extreme self-centeredness, a constant need for admiration and attention with a greater concern for appearances than for substance. Self-esteem is often very fragile and interpersonal relationships are invariably disturbed. A lack of empathy and entitlement leading to interpersonal exploitiveness is common. Close relationships lack a sustained positive regard and alternate between idealization and devaluation. The DSM III goes on to state that complications may include: dysthymic disorder, major depression, and brief psychotic disturbances of mild severity. Other personality disorders may also be present including, borderline and histrionic and may merit multiple diagnoses.

Although Millon (1983), who participated on the five year task force that developed the DSM III, states "the narcissistic personality draft was not written within the framework of currently popular psychoanalytic authors, notably Kohut and Kernberg, but rather derived from a social-learning developmental model (p. 812)," it is apparent that few inconsistencies exist. Kernberg's description adds to DSM III the factors of identity disturbance, intense envy, inability to love, and commonly seen behavioral acting out in the forms of substance abuse,

homosexuality, and various perversions. Millon (1984) admits that "the specific criteria themselves are but crude approximations, speculative proposals that lack diagnostic comparability, syndromal comprehensiveness, and empirical foundations (p. 455)." Elsewhere, however, he speaks of the gains made by the DSM III, "both the scope and organizational structure given the descriptive text signifies an important advance in the DSM III because the schema not only provides a logical guide for clinicians seeking information, but it establishes a coherent framework within which the data of future studies can be systematically introduced (Millon, 1983, p. 808)." It is apparent that much work remains but that the DSM III provides a basis for experimental research in the areas of assessment and diagnosis.

Objective Measures

In response to the inclusion of the diagnostic category narcissistic personality disorder in the DSM III, Raskin and Hall (1979) constructed what they termed the "Narcissistic Personality Inventory (NPI)." They made up 233 items sampling the domain of the narcissistic personality diagnostic criteria of the DSM III. Each item consisted of a pair of statements, one narcissistic and the other nonnarcissistic; subjects would be required to check one or the other. The items were administered initially to 71 university students with each item being analyzed by

comparing the 20 highest scoring students who chose the narcissistic alternative on that item with the 20 lowest scoring students who chose the narcissistic alternative. Eighty items were determined to meet the criterion of significance at or below the .05 level. Split-half reliability was performed for these 80 items with a resulting coefficient of .80. They then divided the test items into forms A and B, but gave no explanation or alternate form reliability. Raskin and Hall state that the inventory is not necessarily a measure of the personality disorder and should be regarded as a measure of the degree to which individuals differ on the "trait" narcissism. They add that future research may show that individuals diagnosed as NPD score high on the inventory. They make the unstated assumptions that narcissism is a single trait, and that a measure of this trait can be taken from DSM III diagnostic criteria for NPD. As will be seen, subsequent research indicates that the NPI may in fact measure several distinct traits. This may indicate a need to define narcissism as a cluster of traits which exist both in isolation and mild severity in non-NPD's, and which exist together and in greater severity in NPD's.

In 1981, Raskin and Hall published a follow up study in which they investigated the issues of alternate form reliability and construct validity of the NPI. They obtained a reliability coefficient of .72 between the

alternate forms administered eight weeks apart suggesting that a reasonably stable response tendency exists across subjects. They attempted to establish evidence for construct validity by correlating the inventory with the four scales of the Eysenck Personality Questionnaire (EPQ). The EPQ consists of scales for psychoticism, extraversion, neuroticism and a lie scale. They chose the EPQ due to its extensive usage and considerable evidence for construct validity (Eysenck, 1967, cited in Raskin & Hall, 1981). They perceived related behavioral correlations between the Psychoticism and Extraversion scales and elements of the NPD including: the grandiose sense of self importance and uniqueness, fantasies of unlimited power success and brilliance, lack of empathy, interpersonal exploitiveness and entitlement (Psychoticism scale) and exhibitionism and grandiosity (Extraversion Scale). Based on Eysenck's previous formulations of what each of his scales measure, Raskin and Hall predicted that the Extraversion and Psychoticism scales would correlate positively with the NPI, and made no prediction for a correlation with the Neuroticism and Lie scales. As predicted, the NPI correlated significantly with the Psychoticism and Extraversion scales. They also found that when these two scales were combined as a set of predictor variables, they accounted for more of the variance in narcissism than did either measure alone. A significant negative correlation

was found with the Lie scale. This was explained in that the Lie scale is a measure of social naivete, and a narcissist, in contrast, would be seen as socially sophisticated to the point of exploitiveness. No correlation was found with the Neuroticism scale. Thus their results support the construct validity of the NPI.

A number of studies followed with the intent of providing additional evidence for the validity of the NPI. One study by Raskin (1980) investigated the relationship between narcissism and creativity using the NPI and the Barron Symbolic Equivalents Test as respective measures. He found a small positive correlation (r=.25) between creativity and narcissism as was predicted. Raskin based his prediction on the results of studies of the "creative individual" which described this individual with many of the characteristics of the narcissist. This study adds evidence of construct validity of the NPI.

Then, in 1981, Emmons conducted a study investigating the relationship between narcissism and sensation seeking. He hypothesized that a positive correlation would be found between narcissism and sensation seeking, and utilized the NPI and the Sensation Seeking Scale (Zuckerman, 1968) as measures. He based his hypothesis on the findings of previous studies that have shown sensation seeking to be positively correlated with dominance, extraversion, autonomy, exhibitionism and impulsivity, all of which are

related characteristics to those of the narcissist. The highest correlation was found between the Disinhibition subscale of the Sensation Seeking Scale and the NPI. The Disinhibition subscale is a measure of the social aspect of sensation seeking behavior involving a variety of social acting out behaviors. Emmons saw these as consistent with the aspects of narcissism involving exhibitionism, exploitiveness, and lack of empathy. This study raises some interesting questions in the arena of criterion or concurrent validity but the evidence for the construct validity of the NPI is marginal at best. Sensation seeking may be related to narcissism, but it is not a delineated dimension of the constellation of characteristics provided by the DSM III.

Emmons (1984) later published three subsequent validity studies of the NPI, including a much needed factor analysis. In study 1, he examined the internal factor structure of the NPI by administering it to 451 undergraduates along with several other personality tests. Interitem correlations were computed and the resulting correlational matrix was subjected to a principal components factor analysis. Four factors accounting for 72% of the variance emerged. The four factors were labeled Exploitiveness/Entitlement, Leadership/Authority, Superiority/Arrogance, and Self-absorption/Self-admiration. Emmons then examined the convergent and discriminant validity of the four subscales

by correlating them with relevant dimensions of personality. He administered a variety of scales and questionnaires to various groups of undergraduates in study 2, and in study 3, peer ratings of narcissism were correlated with the NPI.

The results of Emmons' studies provide considerable evidence for the construct validity of the NPI. From his results he states that narcissism appears to be a multidimensional construct and not a single trait. The high correlation between NPI scores and peer ratings suggests that the NPI reflects behaviors which are publicly observable. This result could be taken to refute Kohut's idea that NPD can only be legitimately observed and diagnosed within a transference relationship. He states that various aspects of narcissism seem healthy when not taken to extremes and concludes that there may be a curvilinear relationship between narcissism and adjustment. He also postulates that the paradox between having high self-esteem yet still needing attention and admiration from others, may indicate that there are in fact two types of narcissistic individuals; those who developed narcissistic traits as a defense due to parental deprivation, and those who develop narcissistic traits due to parental overvaluation. This hypothesis, if proven valid, would certainly reduce the tension between the social learning theory of Millon and the psychoanalytic theories. Emmons supports the hope that further research using the NPI may

lead to an empirically grounded theory of narcissism.

Prifitera and Ryan (1984) conducted a validity study for the NPI using a psychiatric population. Prior to this, all validity studies had used college populations indicating a need to investigate whether the NPI was a useful measure of narcissism in a clinically disturbed population as well. They administered the NPI and correlated it to the basic personality style scales of the Millon Clinical Multiaxial Inventory (MCMI). The highest correlation was found between the MCMI narcissism scale and the NPI as expected. When subjects were classified into low and high narcissism groups, there was found to be a 74% agreement between the two measures. The NPI also correlated significantly with the gregarious-histrionic and aggressive-antisocial scales of the MCMI. Traits measured by these scales include: extraversion, power-strivings and manipulativeness which are also seen in narcissistic individuals. This study lends further support to the construct validity of the NPI.

In 1984, a further study was conducted by Watson Grisham, Trotter and Biderman investigating the lack of empathy dimension of narcissism. These investigators hypothesized that the NPI would correlate negatively with questionnaire measures of empathy. They correlated three questionnaire measures of empathy with the NPI scores of 160 undergraduates. The predicted negative relationship was found for two of the three empathy measures. In addition,

these investigators correlated the four factors of the NPI established by Emmons, and found that the Exploitiveness/ Entitlement subscale of the NPI was inversely related to all three empathy scales. These data support the construct validity of the NPI in general, and the Exploitiveness/ Entitlement subscale in particular (Watson, Grisham, Trotter, & Bidderman, 1984).

Auerbach (1984) again correlated the NPI with the MCMI narcissistic scale, but added the Marlowe-Crowne Social Desirability Scale (MCSDS). He did not however, attempt to intercorrelate the four factors of the NPI as established by Emmons (1984). As predicted the NPI and the MCMI narcissistic scale correlated significantly in a global sense, but he failed to show the expected negative correlation with the MCSDS. The Marlowe-Crowne scale is a well known standard measure for social desirability with items suggesting that it measures social desirability with a strong component of self-denial, and therefore, he predicted a significant negative correlation with the measures of narcissism. As a result, he suggests that an investigation of the differences between narcissistic characters who are concerned with social desirability and those who are not would be useful. His results further demonstrate the validity of the NPI, but leave open the question of the relationship between narcissism and self-presentation. It is probable that a comparison of the Exploitiveness/

Entitlement subscale of the NPI would have correlated negatively with the MCSDS if the investigator had made this comparison since the MCSDS includes the self-denial component. If a post-hoc analysis were conducted and if the above hypothesized relationship was confirmed, the multidimensional quality of narcissism would have further confirmation.

Finally in 1985, Budd selected 40 state hospital patients from an admissions unit based on their ability to complete tests, and administered the MMPI and the NPI. He found a significant positive correlation between the NPI and the MMPI Ma scale, and significant negative correlations with the MMPI D and Hy scales. These correlations are similar to those found by Millon (1982) between the MCMI narcissistic scale and the Ma and D scales of the MMPI (cited in Budd, 1985). This indicates that the NPI and the MCMI are measuring similar constructs. Budd also correlated the factors of the NPI with the scales and subscales of the MMPI. He found a high correlation between the MMPI Ma scale and each of the four NPI factor scales. The Ma scale measures characteristics of impulsivity, competitiveness, narcissism, amorality, extroversion and superficiality in social relationships. Budd also found significant positive correlations between the NPI and the MMPI subscales of Ego Inflation, Social Alienation and Defective Inhibition. He found negative correlations between the NPI and the MMPI

subscales of Naivete, Psychomotor Retardation and Need for Affection. He also found several significant correlations with individual NPI factors which supports the notion that each factor of the NPI measures a discrete entity. Budd suggests that the NPI displays excellent construct validity up to this point in the literature. He suggests that further validity could be established through administering the NPI to various diagnostic groups, especially narcissistic personalities (NPD's). He also states that the NPI, with its four factors, has potential to be a viable way of distinguishing between various types of narcissism.

The research, up to this point, clearly supports the construct validity of the NPI, and also supports several other important inferences. First of all, narcissism as measured by the NPI, appears to be multidimensional leading to the inference of the existence of different types of narcissism. Since the studies measure narcissism in both college and clinical populations using the NPI, it appears that the personality constructs being measured and termed narcissism have an ubiquitous nature. This may call into question the notion that pathological and normal narcissism are qualitatively rather than quantitatively distinct. In other words, narcissism could be conceived of as existing on a curvilinear continuum, such as an "inverted U," in which smaller amounts are normal and healthy, but at some point on the curve the same traits become overly salient and

pathological. This way of conceptualizing narcissism fits particularly well with Kohut's theory of a separate developmental line for narcissistic libido, since he does not conceive of the narcissistic self structures such as the grandiose self to be purely pathological as do Kernberg and Millon. Therefore, he does not conceive of a distinction between pathological narcissism and normal narcissism, but merely developmental arrests in normal narcissistic libido development.

Other objective measures have also been utilized in the literature for the assessment of narcissism and narcissistic personality disorder. Ashby, Lee, and Duke (1979) have developed what they termed the Narcissistic Personality Disorder Scale of the MMPI. They selected 19 items for the scale and administered it to 20 patients previously diagnosed as NPD, and to 20 "normals." A resulting mean score of 10 and a standard deviation of 3.80 was obtained for the NPD patients, and a mean score of 3.66 with a standard deviation of 1.10 for the normals. They then cross validated the scale using an additional 41 NPD patients and 35 non-NPD patients with a hit rate of 86% (cited in Solomon, 1982).

In 1982, Solomon conducted a study in an attempt to enhance the validity of this MMPI subscale. He hypothesized, based on current psychoanalytic theory, that the MMPI NPD subscale would significantly differentiate

between people on three variables; Self-esteem, involvement in a satisfying love relationship, and frequency of nightmares. He administered the MMPI subscale, the Tennessee Self-concept Scale, and a Profile Questionnaire to 100 undergraduates. The MMPI subscale successfully differentiated between individuals on each of the three variables. A positive relationship was found to exist between the MMPI scale and the frequency of nightmares. This finding is consistent with Kohut's view that nightmares are a reflection of one's self-feeling or self-state. A significant negative correlation was found between the level of narcissism and the involvement in a satisfying love relationship, upholding Kernberg's view that narcissists are unable to love. Of particular interest was that high and low scores differentiated between individuals with healthy versus pathological self-esteem as measured by the Tennessee Self-concept Scale. The Tennessee Scale is a widely used measure of self-concept, self-esteem and self-regard. Since high scores indicate "normal narcissism" or healthy self-esteem, it was rightly predicted that MMPI narcissism scores would be negatively related to self-concept scores. Since this may be one of the first studies to attempt to differentiate between "normal" and "pathological" narcissism, it may be fruitful to follow up with further research differentiating between the factors being measured in this study. These findings can also be said to support

the psychoanalytic view of narcissism as a defensive maneuver related to low self-esteem.

In response to the rising focus of attention on narcissism in the literature, particularly in psychoanalytic circles, Phares and Erskine (1984) developed a 28-item objective scale based on social learning theory. In order to avoid psychoanalytic implications, they used the term "selfism" as opposed to narcissism. They defined selfism as an orientation, belief, or cognitive set as to a general problem solving framework or generalized expectancy. They correlated the scale with a number of other measures and found negligible correlations with measures of ability, social desirability, or confidence as expected, thus leading them to conclude that the scale has good discriminant validity. Evidence for construct validity was found by correlating the scale with the NPI resulting in a moderate positive correlation ($r=.43$, $p=.004$) as was predicted. Of particular interest was the determination of a link between selfism and overt behavior. Subjects in their study were able to predict the selfism scores of their friends. This result could be taken as further evidence that narcissistic personalities can be diagnosed on the basis of overt behavior, without having to rely on transference issues, and it appears to support the behavioral approach to diagnosis of the DSM III, as well as theorists such as Kernberg and Millon.

Projective Measures

Historically narcissism has been assessed as a personality characteristic through the use of projective measures. Tests such as the Rorschach, TAT, and Sentence Completion have been used in the assessment of narcissism as a trait of the personality. As the following reported studies indicate, these tests have been shown to be sensitive measures of narcissism as a personality trait, and, therefore, could be useful for providing confirming data for diagnosing NPD using DSM III criteria.

In 1969, Exner published a study involving the use of the Rorschach and a sentence completion test as indexes of narcissism. Rorschach protocols were selected from a sample of sociopaths, overt homosexuals, depressives and a control group. The homosexuals and the sociopaths were expected to be high in narcissism based on psychoanalytic theory (Sadger, Freud, Kernberg, etc.). They were found to give significantly more reflection responses than the depressives or the control group, as was predicted. In the second part of the study subjects were divided according to their responses on the sentence completion test designed to measure self-focus. The high narcissism group gave significantly more Rorschach reflection responses and pair responses. The control and low narcissism groups did not manifest narcissism through reflection responses but did manifest narcissism through pair responses. Exner offers

three postulates as a result of this study: highly narcissistic people will manifest narcissism through the perception of reflection or mirror image type responses; people who exhibit low narcissism will not give reflection responses and will give a restricted number of pair type responses; and people with a healthy balance of narcissism will give a reasonable number of pair responses but few if any reflection responses.

Exner's results seem to indicate that the narcissism that produces reflection responses is more primitive and pathological than that seen in pair responses. This could be taken as support for the existence of normal versus pathological forms of narcissism, or it could be taken as an indication of degrees of narcissism leading to differing response patterns. Its interesting to note the similarity between these Rorschach response types and Kohut's conceptualized forms of narcissistic transference, i.e., mirroring and twinship. For Kohut the most primitive form which exists earliest on in the infant is the need for mirroring. This is consistent with the primitive nature of the Rorschach reflection responses.

In a follow up study in 1973, Exner developed normative data for his Self Focus Sentence Completion (SFSC) by administering the 30 item test to 2592 non-psychiatric subjects and to 273 psychiatric subjects from nine different diagnostic groups. Most of the stems of the SFSC items

contain "I, me or my" and, therefore, are likely to encourage a self focused response. Larger than average numbers of self focus responses (S) correlate highly with Rorschach reflection responses. Where external world focus responses (E) were substantially greater than (S) responses, a psychiatric pattern of depression was likely. Exner proposed that a balanced S/E ratio is necessary for healthy adjustment, and defined this as an "egocentric balance."

Exner's findings and conclusions seem consistent with psychoanalytic theories which generally view some degree of narcissism as normal and healthy. Most view the development of narcissism as moving from the more primitive forms (primary narcissism) to more mature forms which allow for object love (secondary narcissism). This continuum is based on Freud's conceptions leading to the view that narcissism in the adult personality is due to a fixation at a normal, but archaic, stage of development. Perhaps even more consistent is Kohut's view of separate lines of development occurring for narcissistic libido and object libido. Healthy development would allow for both of these lines to mature, and for there to exist a healthy balance within the adult personality.

Other efforts have been made to use the Rorschach and other projectives as measures of psychoanalytic constructs. In 1977, Urist utilized the Rorschach and two independent ratings with 40 inpatient subjects in order to determine if

the structural nature of their object relations could be measured. He based his study on current object relations theory which focuses on the development of the individual's ability to experience self and others in relationships as autonomous and separate, and that this ability has an intrapsychic structural nature making it consistent and enduring. A focal diagnostic and therapeutic issue for both borderline and narcissistic patients is their capacity for object relationships. Urist developed a Rorschach scale having to do with the nature of the description given by the subject of the relationship between figures on the cards. Each response was given a rating from one to seven. He correlated these ratings with similar ratings given to an autobiographical sketch of important relationships and ratings by the ward staff. The resulting intercorrelations between the three ratings were highly significant. These results lend considerable support for the construct validity of this Rorschach scale for mutuality of autonomy ratings. These findings also support the psychoanalytic notion that object relatedness exists on a continuum with narcissism at one end and empathic object relations at the other. Psychopathology results from fixations at early levels of development leading to primitive forms of narcissism within the adult personality.

Harder used the Early Memories test, the TAT, and the Rorschach to assess what he termed the ambitious-

narcissistic character style male. Scales for this character style were developed from each of the three tests and intercorrelated with the primary aim of establishing reliability and validity for the scales. If the scales related significantly to criteria based on the judgments of experienced clinicians' and self-descriptive subject materials, and intercorrelated significantly, then it would suggest that a common dimension was being measured. The results supported the overall reliability and validity of the three projective test scales, with the Rorschach correlating highest with the clinicians' observations. The study also supports the feasibility of assessing character styles with projective techniques (Harder, 1979).

In an effort to achieve diagnostic reliability, and to standardize the approach to diagnosing borderline patients, Gunderson, Kolb, and Austin (1981) developed a diagnostic interview for borderline patients. The interview is composed of operationally defined and scored variables that assess five areas of functioning considered most characteristic. They found that the interview provided a reliable method of diagnosing borderline patients and was particularly useful in discriminating them from other diagnostic groups. The interview utilized variables very similar to DSM III diagnostic criteria. This interview approach, although somewhat different methodologically than the Narcissistic Personality Inventory, seems to follow a

similar line of logic and purpose; that of providing a reliable, valid and systematic means of diagnosing character disorders. It is possible that the development of a similar type of interview for NPD could enhance diagnosis of this disorder as well.

Conclusions

The rising occurrence of the use of the diagnostic label narcissistic personality disorder among clinicians, and the recent inclusion of this diagnosis in the DSM III (1980), have led to a number of attempts to develop reliable and valid measures for assessing narcissism and diagnosing NPD. These efforts could eventually lead to a generally accepted theoretical understanding of narcissism as a construct (unitary or multidimensional) both on behavioral and conceptual levels. The current applications of the terms narcissism and NPD vary widely for clinicians both of similar and widely divergent theoretical orientations, but DSM III has done a great deal to increase the reliable diagnosis of NPD among clinicians in the field (DSM III, 1980).

The clinical concept of narcissism as a personality construct has largely arisen from psychoanalytic theory and has undergone a variety of theoretical changes as has psychoanalytic thought in general. Much confusion and difference of opinion still remains among both psychoanalysts and learning theorists. One of the major

problems has been the attempt to bring together a number of factors under the single heading narcissism. It seems, from much of the research, that the term has been used too broadly to have any consistent or comprehensible meaning if conceived as a single trait.

Some of the most helpful research has been done using Raskin and Hall's Narcissistic Personality Inventory (1979). Emmons (1984) factor analysis of the NPI clearly delineated four separate factors, thus leading to the conclusion that narcissism is multidimensional rather than a single trait. It is possible that this finding could help differentiate between individuals with high degrees of certain aspects of narcissism, and those who have a broader constellation of traits required for diagnosis of NPD. His study also indicated a high correlation between NPI scores and peer ratings suggesting that the measured traits are publicly observable and, therefore, diagnosable outside of the transference relationship. Emmons also postulates that there are two types of narcissism; that which results as a defense due to parental deprivation, and that which results from parental overvaluation. This hypothesis could bring together the major psychoanalytic and social learning theories if proven valid.

The DSM III task force put together their diagnostic criteria based on theory and clinical observation while avoiding etiologic speculation with the hope that they had

provided a means of experimental investigation of the construct. The eventual goal is to produce an empirically grounded manual that would alienate the smallest number of clinicians (Millon, 1983). The NPI has been shown in the literature to be valid when correlated with other measures of narcissism, thus validating the DSM III criteria from which it was taken.

The studies reviewed have indicated empirical support for most DSM III diagnostic criteria (i.e., grandiosity, preoccupation with fantasies of ideal love etc., lack of empathy, entitlement, exhibitionism, etc.), and have also added construct validity through correlating narcissism with non-DSM III criteria such as creativity (Raskin, 1980), and sensation seeking (Emmons, 1984). Support for the ubiquitous nature of narcissism was found through administering the NPI to both clinical (Prifitera & Ryan, 1984) and college populations (all others) with compatible results. This also supports the view that narcissism only becomes pathological in the personality when existing in large measure, as opposed to the idea that a normal and pathological qualitative distinction can be made as held by Kernberg. The problem of diagnosing NPD is undoubtedly complicated by the existence of narcissism to varying degrees in all people, and in greater degrees in various forms of psychopathology, not just NPD.

Many questions need further investigation, including

the difference between normal and pathological narcissism, or the question of when narcissism in the personality is pathological enough to be considered NPD. From the literature reviewed however, the psychoanalytic view (primarily Kohut's) of narcissism existing normally within the personality and only becoming pathological when deprivation leads to developmental arrests seems tenable. Thus, narcissism is not pathological versus normal as much as archaic and primitive versus mature and healthy. It also seems tenable that the more primitive and archaic the individual's level of narcissism, the more deeply ingrained and the more pathological the behavioral manifestations. The diagnosis of NPD should be applied to the more pathological manifestations of narcissism in the personality in which narcissism exists in a rigid and defensive manner, and which manifests most of the diagnostic criteria in a very flagrant manner in day to day functioning. The NPI in combination with other measures and clinical observation have demonstrated the potential of providing a reliable means of diagnosing NPD.

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